

Case Number:	CM14-0183509		
Date Assigned:	11/10/2014	Date of Injury:	05/14/2010
Decision Date:	12/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old patient with date of injury of 05/14/2010. Medical records indicate the patient is undergoing treatment for left wrist pain, right wrist pain. Subjective complaints include right wrist and hand pain, neck pain, left shoulder pain, GI upset, difficulty sleeping and daytime sleepiness. Objective findings include tenderness to neck, restrictive ROM neck flexion 45, left rotation 80, right rotation 70, left lateral flexion 45 and right lateral flexion 40. Treatment has consisted of Ranitidine, Omeprazole, Sertraline, acupuncture, chiropractic sessions, cognitive therapy sessions and home exercise program. The utilization review determination was rendered on 10/08/2014 recommending non-certification of Ranitidine 300mg 1 a day #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ranitidine 300mg 1 a day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular

risk and other Medical Treatment Guideline or Medical Evidence: Uptodate.com, NSAIDs (including aspirin): Primary prevention of gastroduodenal toxicity

Decision rationale: Ranitidine is an H2 antagonist used for the treatment of stomach ulcers and gastroesophageal reflux. MTUS states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)."Uptodate states regarding H2 antagonist for GI prophylaxis, "Standard doses of H2 receptor antagonists were not effective for the prevention of NSAID-induced gastric ulcers in most reports, although they may prevent duodenal ulcers [33]. Studies that detected a benefit on gastric ulcer prevention were short-term (12 to 24 weeks) and focused on endoscopic rather than clinical endpoints". The patient does not meet the age recommendations for increased GI risk. The treating physician currently has this patient on a proton pump inhibitor to treat the symptoms of gastritis. Additionally, Uptodate suggests that H2 antagonist at this dose is not helpful for the prevention of ulcers. As such, the request for Ranitidine 300mg #30 is not medically necessary.